

Alabama Medicaid Agency Pharmacy and Therapeutics Committee Preferred Drug List Final

ANTI- INFECTIVES

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Anthelmintics	All covered products	MINTEZOL	ALBENZA BILTRICIDE STROMECTOL VERMOX*

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

DRUG CLASS**PREFERRED
GENERIC/OTC****PREFERRED
BRAND****NON-PREFERRED
BRAND****Aminoglycosides**

All covered products

NONE

AMIKIN*
GARAMYCIN*
KANTREX*
NEO-FRADIN*
TOBI
NEBCIN*

* Denotes generic
available in at least one
dosage form or strength

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strengths unless noted

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Antifungals	All covered products	NONE	ABELCET AMBISOME AMPHOCIN* AMPHOTEC ANCOBON CANCIDAS DIFLUCAN* FULVICIN U/F FUNGIZONE* GRIFULVIN V GRIS-PEG* LAMISIL MYCOSTATIN* NIZORAL* SPORANOX VFEND

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Cephalosporins	All covered products	OMNICEF ROCEPHIN	ANCEF * CECLOR* CEDAX CEFADYL CEFIZOX CEFTIN* CEFZIL CEPTAZ CLAFORAN* DURICEF* FORTAZ KEFLEX* KEFUROX KEFZOL MANDOL MAXIPIME PANIXINE RANICLOR SPECTRACEF SUPRAX TAZICEF VANTIN* VELOSEF * ZINACEF
* Denotes generic available in at least one dosage form or strength			
Drug name denotes all dosage forms and strengths unless noted			

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Tetracyclines	All covered products	PERIOSTAT SUMYCIN*	ADOXA DECLOMYCIN* DORYX DYNACIN MINOCIN* MONODOX TERRAMYCIN VIBRAMYCIN* VIBRA-TABS
<p>* Denotes generic available in at least one dosage form or strength</p> <p>Drug name denotes all dosage forms and strengths unless noted</p>			

Alabama Medicaid Agency Pharmacy and Therapeutics

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Beta Lactams	All covered products	LORABID MEFOXIN*	AZACTAM CEFOTAN INVANZ MERREM PRIMAXIN

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DRUG CLASS**PREFERRED
GENERIC/OTC****PREFERRED
BRAND****NON-PREFERRED
BRAND****Choramphenicol**

All covered products

NONE

CHLOROMYCETIN*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Penicillins	All covered products	AMOXIL* AUGMENTIN ES-600 AUGMENTIN XR BACTOCILL* DISPERMOX PRINCIPEN*	AUGMENTIN* BICILLIN C-R BICILLIN L-A GEOCILLIN NALLPEN* PFIZERPEN* TICAR TIMENTIN UNASYN* ZOSYN

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DRUG CLASS

**Single Entity
Nucleosides
and Nucleotides**

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**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

VALTREX
ZOVIRAX*

**NON-PREFERRED
BRAND**

COPEGUS
CYTOVENE
FAMVIR
HEPSERA
REBETOL*
REBETRON
VALCYTE
VIRAZOLE
VISTIDE

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Antivirals	All covered products	FOSCAVIR	NONE

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DRUG CLASS

**PREFERRED
GENERIC/OTC**

**PREFERRED
BRAND**

**NON-PREFERRED
BRAND**

Amebicides

All covered products

NONE

HUMATIN*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Antimalarials	All covered products	DARAPRIM	ARALEN* FANSIDAR HALFAN LARIAM* MALARONE PLAQUENIL* PRIMAQUINE*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Misc Antiprotozoals	All covered products	MEPRON	ALINIA FLAGYL* FUROXONE METRO IV NEBUPENT NEUTREXIN PENTAM 300*

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DRUG CLASS**PREFERRED
GENERIC/OTC****PREFERRED
BRAND****NON-PREFERRED
BRAND****Estrogens**

All covered products

SEE POSTING FOR
MARCH 24TH 2004
P&T MEETING

CLIMARA PRO

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available in at least one
dosage form or strength

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dosage forms and
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DRUG CLASS**PREFERRED
GENERIC/OTC****PREFERRED
BRAND****NON-PREFERRED
BRAND****Antidepressants**

All covered products

SEE POSTING FOR
JULY 2ND 2003
P&T MEETINGPEXEVA
SYMBYAX

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
HMG CoA Reductase Inhibitors	All covered products	SEE POSTING FOR DECEMBER 10TH 2003 P&T MEETING	CADUET

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DRUG CLASS

**Antimuscarinics
Antispasmodics**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

SPIRIVIA #

**NON-PREFERRED
BRAND**

SEE POSTING FOR
MARCH 24TH 2004
P&T MEETING

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Effective December 1,
2004